13 CV 4291

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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Ayva Engelhardt

Plaintiff

-against-

Christ Hospital Employer, Staff Employees, and Independent Contractors
Dr. Padmavathi Jonnalagadda Internal Medicine
Christ Hospital Dr. Alan Port Surgeon,
Christ Hospital Rev. Kevin L. Morris,
Dr. Robert Lowenstein, Emergency Medicines
Christ Hospital Dr. J. Doe, Anesthesiologist
Christ Hospital J. Doe Anesthesiologist Nurse
Christ Hospital J. Doe Anesthetist Student Nurse
Christ Hospital J. Doe Anesthesiologist Resident
Christ Hospital Social Worker
Defendants

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COMPLAINT DCC # 2

Civil No.

Trial by Jury

I. The parties in this complaint are as follows:

A. Plaintiff is Mrs. Fred Engelhardt bring wrongful death act on behalf of her husband
Address: 170 Park Row, Apt 19C
County of: New York
State & Zip Code: New York 10038
Telephone Number: 212-322-7339 Cell phone 212 -791-0262
Email: aeng100@yahoo.com

B. Defendants in June 2011 were citizen of New Jersey and worked at:
Defendant Hospital Number 1
Christ Hospital Staff, Employees & Independent Contractors
Christ Hospital
179 Palisade Avenue
Jersey City, New Jersey 07306

Defendant No. 2
Dr. Padmavathi Jonnalagadda's office
3438 John F. Kennedy Blvd.

Jersey City, New Jersey 07307
Telephone 201-420-0366

Defendant No 3
Dr. Alan B. Port Surgeon,
Gastroentorology Medical Association
142 Palisade Avenue Ste 201
Jersey City, New Jersey 07306
Telephone 201-868-2849

Defendant No 4
Rev. Kevin L. Morris, Director of Pastoral Care
Officiant Christ Hospital
Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306
An Episcopal hospital affiliated with Diocese of Newark

Defendant No 5
Dr. Robert Lowenstein, Subacute Emergency Medicines
Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306

Defendant No. 6
Christ Hospital J. Doe Anesthesiologist (Dr. Chen, Dr. Guzman, Dr. Kang, Dr. Kim, Dr. C-H Lin, Dr. Y. Lin, Dr. Mathew, Dr. Salumi-Ghezelbash, Dr. D. Shih, Dr. Y Shih, Dr. Wu, Dr. Zaklama, Dr. Zhou or some other unnamed Anesthesiologist
Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306
Telephone 201-795-8310; 201-729-0001,
908-322-2840, 201-569-5197, 201-886-0744

Defendant No 7
Christ Hospital J. Doe Anesthesiologist Nurse
Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306

Defendant No 8
Christ Hospital J. Doe Assistant Anesthesiologist

Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306

Defendant No 9
Christ Hospital Student Nurse Anesthesiologist
Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306

Defendant No 10
Christ Hospital J. Doe Anesthetist Student Nurse
Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306

Defendant No 11
Christ Hospital Social Worker from May 25 to June18, 2011
Christ Hospital
176 Palisade Avenue
Jersey City, New Jersey 07306

II Basis for Jurisdiction:

A. The jurisdiction come under 28 U. S. C. Section 1332 diversity of citizenship.

B. Plaintiff is citizen of the State of New York.

C. In June of 2011, defendants worked at Christ Hospital in Jersey City, New Jersey and were citizens of the State of New Jersey.

D. This action is between citizens of different states and the amount of damage in question is over $100,000.00 the case is filed in federal district court based on diversity of citizenship under 28 U.S.C. sect 1332(a) (1).

III Statement of Claim:

This action for the wrongful death of Fred Engelhardt is under New York State Estates, Powers and Trusts Law with a two years statute of limitation for the commencement of action under Article 5 Part 4.2 Pages 213-214 as well as CPLR Section 214 (5).

Fred Engelhardt was a 79 year old accountant who had survived 9/11 in his lower Manhattan apartment. After 9/11 he developed a medical condition known as Chronic Obstructive Pulmonary Disease (COPD)[1].

On June 10, 2011, Fred was recovering from pneumonia at Christ Hospital in Jersey City, New Jersey. He was scheduled to go into Palliative Care[2] at the Atrium at Hamilton Park in Jersey City after a feeding was place in his stomach for long term care [3].

His Doctor Padmavathi Jonnalagadda, had stated that he would require a long term gastric feeding tube[4].

Defendant Dr. Jonnalagadda advised Fred's wife, that the gastric feeding tube would only take 20 minute under local anesthesia; the pneumonia aspiration was no longer a problem and he would be fine[5].

On Sunday June 12, 2011 Fred had his anesthesia and surgical consultation; he was

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[1]Chronic Obstructive Pulmonary Disease is one of the most common lung diseases makes it hard to breathe. Due to long term exposure to pollution chemical fumes and dust. COPD is caused by noxious particles or gas which triggers an abnormal inflammatory response in the lung see Wikipedia the Free Encyclopedia.

[2] Palliative care addresses physical, emotional, spiritual, and social concerns that arise with advanced illness. It is appropriate for patients in all disease stages including those under going treatment for curable illnesses and those living with chronic disease see Wikipedia

[3]Example of some possible benefits of using a feeding tube may include:
*Addressing malnutrition and dehydration:
* Promoting wound healing and
* Allowing the resident to gain strength, receive appropriate interventions that may help restore the resident's ability to eat and perhaps, return to oral feeding. The American Society for Parenteral and Enteral Nutrition (A. S.P.E.N.) Page 5 Center for Medicare and Medicaid Services U. S. Department of Health & Human Services September 27, 2012 Subject: F tag 322-Feeding Tubes-Advance Copy.

[4]Gastric feeding tube is a tube inserted through a small incision in the abdomen into the stomach and is used for long-term eternal nutrition. See Pegg Guenter and Marcia Silkroski, Tube Feeding Protocols Guidelines and Nursing Aspen Publisher 2001 Pages 51-68.

[5]Finucane TE, BynumJD. Use of tube feeding to prevent aspiration pneumonia. The Lancet 1996;348(9093):1431-1441

scheduled to have local anesthesia the next morning for the placement of the feeding tube.

On Monday June 13, 2011, Fred was taken into operating room. On information and belief Fred was not given a local anesthesia, but a general anesthesia. (see handout "responding to anesthetic complication" affix hereto). The general anesthesia[6] was administered by the student nurse anesthetist, medical student anesthesiologist ,or Christ Hospital Staff Anesthesiologist . Fred was scheduled to receive a local anesthesia. Fred was given a general and not local anesthesia. This was told to me by his doctor, Dr. Padmavathi Jonnalagadda.

As a result of errors at Christ Hospital Fred went into a coma. It is not clear what type of coma, the medical records are not clear and are incomplete and there are missing reports. Fred may have been in the coma due to the severe reaction to the anesthesia and complications. He was making cries as if he was in total distress to any one who heard them.

On the night of June 18, 2011, Fred passed away; he never came out of the coma, yet you could see he was in severity of his pain. .

CONCLUSION:

The anesthesia errors by hospital staff gave rise to a wrongful death claim . A cause of action for wrongful death requires (1) the death (2) defendant's wrongful conduct which gave rise to a cause of action that could have been brought by the decedent had the death not occurred. The wife and family who sustained severe emotional trauma and pecuniary loss.

Ayva Engelhardt has not recovered from the emotional distress caused by observing his

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[6]General anesthesia affecting the entire body and accompanied by loss of consciousness M-W's 11 Collegiate Dictionary

serious injury due to the errors caused by the staff at Christ Hospital. Fred was in so much pain before his death.

The pain and suffering watching your husband in pain and not be able to help him.

I requested the medical records to be mailed to his doctor in New York who had been his doctor for over ten years . There was no record of the anesthesia report, no record of the medical calls, and no codes were given. Fred's medical records were incomplete.

Relief is requested to have Fred's complete medical records, to understand why he died. Compensation in the amount of Fred's five days of pain and distress and the pain of watching and being helpless. For each day he was in pain; his family was in pain and long after he passed away. The pain of thinking his death could have been avoided.

Compensation is requested in the amount of five million dollars for his five days in pain, his death and loss to his family.

I declare under penalty of perjury that the foregoing is true and correct

Signed this 18 day of June 2013.

Plaintiff _____

Ayva Engelhardt
170 Park Row Apartment 19C
New York, New York 10038
Home phone 212-233-7339
Cell phone 212 791-0262

RESPONDING TO ANESTHETIC COMPLICATIONS

General anesthesia poses minimal risk to most patients when performed by a capable anesthetist using appropriate protocols and proper monitoring. However, it is vitally important that the anesthetist remembers that every anesthetic procedure has the potential to cause the death of the animal. In spite of significant advancements in pharmacology & technology, the fundamentals of good patient monitoring and support of organ function are key to minimizing anesthetic risk and assuring a good outcome. Similarly, while knowledge of appropriate responses to an anesthetic emergency is essential, it is even more important to understand why emergencies arise and how they may be prevented.

Common causes of anesthetic complications include:

- Human error
  - Failure to obtain and interpret an adequate history or physical exam.
  - Lack of familiarity with the anesthetic machine or agents being used.
  - Incorrect drug administration (incorrect drug, dosage, route or concentration)
  - Failure to recognize and respond to early signs of patient difficulty.
- Equipment failure or misuse
  - Carbon dioxide absorber exhaustion
  - Empty oxygen tank
  - Misassembly of the anesthetic machine or breathing circuit
  - Endotracheal tube problems
  - Vaporizer problems
  - Pop-off valve problems
- Adverse effects of anesthetic agents
  - Every agent has benefits and contraindications associated with its use.
  - Reducing the potential for adverse effects depends on several factors:
    - Assessment of the patient and any potential risk factors
    - Familiarity with side effects and contraindications of different agents
    - Appropriate protocol choice, often including multi-drug use to achieve balanced anesthesia
- Patient related factors
  - Geriatric patients
  - Pediatric patients
  - Brachycephalic dogs/cats
  - Trauma patients
  - Systemic disease (Cardiovascular, respiratory, hepatic, or renal disease)
  - General poor condition

Both human error and equipment problems are generally preventable complications. Proper training and attention will prevent these situations from arising. If at any time you are uncertain about an animal's status, proper equipment use or protocol, do not hesitate to ask for assistance.

Patient related complications can often be prevented by identifying potential risk factors and modifying the anesthetic plan to address the patient's special needs. Any risk factors noted during the physical exam should be noted in the medical record and brought to the attention of the veterinarian or technician in charge of anesthesia prior to the animal being medicated.